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Patient Support Programs

1- Introduction:

In line with the vision of His Highness Shaikh Mohammad Bin Rashid Al Maktoum, Vice-President and Prime Minister of the UAE and Ruler of Dubai, and in alignment with Dubai Standards of Care, Dubai Health Insurance Corporation (DHIC) under Dubai Health Authorities (DHA), launched the Patient Support Programs on 1st January 2018.

The PSP programs are -

1. Cancer Patient Support Program (BASMAH) with the objective to reduce cancer mortality in Dubai by the year 2021
2. Hepatitis C Patient Support Program (HCV PSP) with the objective of eradication of HCV from Dubai by the year 2021.

2- Definitions / Key Terms:

2-1 Payers (Insurance Companies)

Companies, which are licensed by the Dubai Department of Economic Development and UAE Insurance Authority to sell health insurance products to the public.

2-2 Third Party Administrators(TPAs)

A party that is responsible for managing the administrative responsibilities related to health insurance activities.

2-3 Centers of Excellence

Designated DHA providers who are participants in the Patient Support Program

3- Purpose of Policy:

- 3.1 To reaffirm timelines and requirements from all Payers in the market.
- 3.2 To advice on the requirements of amounts to be collected and transferred (where applicable) regarding the patient support program.
- 3.3 To specify the format, computation, reconciliation and methods around the BASMAH fund
- 3.4 To advise on VAT treatment of Basmah Fund transfer

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4- Policy Objectives:

- 4-1 To provide updates / clarifications regarding the BASMAH program (Cancer Patient Support Program (PSP)) and the HCV Elimination program (HCV Patient Support Program (PSP)).
- 4-2 Clarify the required fund provision amount and fund concept
- 4-3 How the fund will be utilized
- 4-4 The impact of VAT on the patient support programs

5- Scope:

- 5-1 The main aim of policy is to emphasize that the PSP is developed to extend special care to low salary band individuals who are the corner stones in the progress and development of the Emirate of Dubai.
- 5-2 Dubai Health Insurance Corporation has updated the Table of Benefits of Essential Benefits Plan to ensure screening and treatment of cancer is extended to all eligible residents of Dubai irrespective of the annual coverage limit.
- 5-3 The PSP policy emphasis on effective functioning of the program ensuring that eligible individuals are benefited.

6- Policy Stakeholders:

- 6-1 DHIC
- 6-2 TruDoc
- 6-3 Payers
- 6-4 Third Party Administrators
- 6-5 RCM, DHA
- 6-6 Centers of Excellence
- 6-7 Private Providers
- 6-8 Insured members

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7 Policy Implementation Required Resources:

Circulars released by DHIC

8- Policy Content:

- 8-1 The Cancer PSP mandate is in effect from 01 January 2018 (“PSP effective date”) And the implementation date for Cancer PSP is 01 July 2018 (“PSP Implementation Date”)
- 8-2. The mandate is applicable to all PSP eligible insured members for policies issued or renewed on or after the PSP Effective Date of 01 January 2018.
- 8-3. The fund provision for cancer should take effect from 01 January 2018 (“Fund Effective Date”) i.e. the provision should be retrospective from 01 January 2018 on a prorata basis for all policies issued/renewed on or after 01 January 2018. If Payers have not previously collected/provisioned for the amount, then it is the Payers decision if they would like to go back to previously eligible insured members to collect their allocated provision or to write it off.
- 8-4 Payers must inform their respective network providers about the Cancer PSP and their obligations related to screening.
- 8-5 Network providers must screen PSP eligible lives as per the screening and PSP guidelines And share screening test results within maximum of 7 days of receipt with Payers /TPAs.
- 8-6 Payers must contact PSP eligible lives within 24 hours of receipt of test result and confirmation from network provider in order to seek consent.
- 8-7 Eligible newly diagnosed cases should be identified, contacted and referred to the PSP for all policies issued/renewed on or after PSP Effective Date after initial screening tests have been completed.
- 8-8. Eligible ongoing diagnosed cases should be identified, contacted and referred (if consented) to the PSP for all policies issued/renewed on or after PSP Effective Date (i.e. 01 January 2018).
- 8-9. PSP Agreements should be signed as per the updated Rider issued by DHA via e-mail on 17 July 2018. The initial Rider is issued by DHA via e-mail on 13 December 2017.
- 8-10. PSP Agreement Effective Date will be the same as PSP Implementation Date i.e. 01 July 2018. The deadline for PSP Agreement sign-off is 28 July 2018.
- 8-11. Screening uploads should be for all PSP eligible lives who have undergone screening with test date on or after PSP Implementation date

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(01 July 2018).

8-12. Payers may designate their day-to-day responsibilities related to the PSP to their TPA(s).

8-13. In cases where the payer contacts a member for consent and they are non-responsive/not reachable within the 7-day period, payers are required to list this as “Not Reachable” on the DHA PSP Payer Portal under the PSP verbal consent field during screening upload.

8-14 Fund allocation

Each insurer is required to allocate AED 19 per enrolled member into the fund.

Funds are calculated on prorated basis based on a calendar year. This means for example for insured lives whose policies were incepted on the 1st of January 2018, the allocated fund is AED19/- per life.

For insured lives whose policies incepted

1st of July 2018, the allocated fund is AED 9.5 /- under the fund budget for 2018 and AED 9.5 /- under fund budget for 2019.

A dedicated BASMAH fund account has been created for HIPs & PIs to transfer the allocated AED 19/-, therefore there will be no reconciliation required or additional payments accrued by the HIP or PI should an insured and enrolled member exceed their annual limit. Any additional treatment costs will be borne by the Fund.

The Acct details are as follows:

Emirates NBD

Account No. 1011000008301

IBAN AE330260001011000008301

How the Fund will be utilized

Once the insured member consumes 75% of his/her annual limit net of IBNR, insurer is accountable to prepare a file having all medical reports, claims information as well as evidence on compliance to PSP and refer it to the Fund Governance Committee.

Fund Governance Committee will review the file and issue an approval based on which the insurer will be allowed to pay related subsequent claims from the fund and update the fund utilization against the patient record in the payers' portal.

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Hepatitis C Program

Hepatitis C is an embedded benefit and all operations shall follow the normal benefit management process. DHA shall revise the premium for this benefit on a yearly basis as and when it needs to be reviewed.

The insurers are required to allocate AED 18 + VAT for the HCV Patient support program, which will remain with the insurer. AED 2.6 of this amount is allocated for the DHIC assigned program manager, the remainder is held by the insurer to cover any costs associated with the HCV support program should any of their eligible insured members enroll in the program.

Member Additions & Deletions

The total AED 37 + VAT allocation for the patient support programs is a fixed allocation upon the new enrollment or addition of any member. This should not be refunded in part or in whole upon the deletion of a member. This applies to both group and individual policies.

Is Loading Mandatory

The total AED 37 + VAT required allocation for the patient support programs is not a mandatory premium increase. Should an insurer not see a need to add additional premium on its existing rate this is acceptable, however it must be noted that the AED 19/- for the BASMAH fund is required to be transferred to the DHIC dedicated BASMAH fund account.

9- Deployment Methodology: (Check all that apply)

Announcement

Awareness

Training

On Job Training

10- Policy Performance Indicators:

10-1 Number of members enrolled into the Patient support programs

10-2 Number of members utilizing the Basmah Fund

10-3 Number of members treated for Hepatitis C

10-4 Number of claims submitted by RCM and adjudicated by DHIC

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11- List of Risks:

11-1 Claims adjudication is done manually.

There is a risk of non-eligible members accessing the Basmah fund.

11-2 If PSP initiative were not disseminated to the eligible insured population, it would be difficult to achieve the vision of reducing cancer mortality and eradication of Hep C by 2021.

11-3 Payers may not contribute to the fund in a timely manner.

12- Policy Revision/Update :

N/A

13- Audit, Improvement & Development:

13-1 Internal audit for compliance with the document content

13-2 Corrective actions for non-conformities with the document content

14- Records List*

14-1

15- Appendices *

15-1 References

Policy Directive Number 2 of 2018 (PD 02/2018)

<https://www.isahd.ae/content/docs/PD%2002-2018.pdf>

Policy Directive Number 3 of 2018 (PD 03/2018)

<https://www.isahd.ae/content/docs/PD%2003-2018.pdf>

Policy Directive Number 6 of 2018 (PD 06/2018)

<https://www.isahd.ae/content/docs/PD%2006-2018.pdf>

15-1 Attachments

Policy Directive Number 2 of 2018 (PD 02/2018)

Policy Directive Number 3 of 2018 (PD 03/2018)

Policy Directive Number 6 of 2018 (PD 06/2018)

N.B.: "*" Put "N/A" if there is nothing to write.

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(*the document*) to be replaced by document title

Revision History

S.	Summary	Amend Type*	Page	Issue No.	Issue Date
1	Patient Support Programs – BASMAH	Modify		PD 02/2018	29-07-2018
2	Patient Support Programs – HCV	Modify		PD 03/2018	29-07-2018
3	Basmah Initiative – Fund structure	Modify		PD 06/2018	10-09-2018

* Amend Type: Add – Modify – Cancel

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